

EXCEPTION TO: SF 91A AND SF 92 APPROVED OMB		1. REPORT NO. <i>(Safety Officer Enter the Report No. Assigned to the Supplement "X" Below in Item 2.)</i>									
DEPARTMENT OF TRANSPORTATION ACCIDENT REPORT (FOR ACCIDENT PREVENTION PURPOSES ONLY)		2. TYPE OF ACCIDENT <i>("X" the Appropriate Block, Complete This form and include the Appropriate Supplement or Supplements)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INJURY (SUP. I) <input type="checkbox"/> PROPERTY DAMAGES (SUP. P) <input type="checkbox"/> VESSEL (SUP. V) </div> <div style="width: 45%;"> <input type="checkbox"/> MOTOR VEHICLE (SUP. M) <input type="checkbox"/> FIRE/EXPLOSION (SUP. F) <input type="checkbox"/> TRAIN (SUP. T) </div> </div>									
3. NAME AND ADDRESS OF REPORTING UNIT				4. EXACT LOCATION OF THE ACCIDENT <i>(Bldg. and Room, Highway Intersection, City and State, Latitude/Longitude, Body of Water, Etc.)</i>							
5. DESCRIPTION OF THE ACCIDENT <i>(Who, What, When [Date and Time], and Why)</i>											
6. IMMEDIATE SUPERVISOR'S OPINION OF THE SYSTEMS DEFICIENCY CONTRIBUTING ("X" One Block)											
01		Excessive Physical Exertion Required	09		Insufficient Space Allocation	17		Poor Purchasing Standards			
02		Failure to Provide Funds for Equipment	10		Lack of Rules/Their Application	18		Safety Standards Not Specified			
03		Failure to Require Periodic Physical Exams	11		Lack of Quality Control	19		Unrealistic Work Schedule			
04		Failure to Recognize Hazardous Condition	12		Lack of Training Programs	20		No Known Systems Deficiency			
05		Failure to Supply Safety Devices/Equipment	13		Poor Communications Procedures	21		Other (Specify)			
06		Improper Personnel Placement	14		Poor Design Standards						
07		Improper Job Assignment (Temporary)	15		Poor Lighting Standards						
08		Improper Space Management	16		Poor Maintenance Standards						
7. CORRECTIVE ACTIONS <i>(State Actions That Have Been, Will Be, or Should Be Taken to Prevent a Similar Accident.)</i>											
8. SIGNATURE OF PREPARER				9. TITLE				9. DATE			

11. COMMENTS OF BRANCH CHIEF/PROJECT ENG./COMMANDING OFFICER, ETC.

12. SIGNATURE

13. TITLE

14. DATE

15. COMMENTS OF AREA MANAGER/DIVISION ENG./SECTION OR GROUP COMMANDER, ETC.

16. SIGNATURE

17. TITLE

18. DATE

19. COMMENTS OF REGION/DISTRICT/SIMILAR MAJOR FIELD UNIT SAFETY OFFICER

20. SIGNATURE

21. TITLE

22. DATE

23. COMMENTS/APPROVAL OF REGIONAL DIRECTOR/DISTRICT COMMANDER, ETC.

24. SIGNATURE

25. TITLE

26. DATE